

**TENNESSEE CONTROLLED SUBSTANCE
DATA COLLECTION MANUAL**

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Appriss, Inc.

Contact Information: 866-683-9771

tnrxreport@appriss.com

Tennessee Controlled Substance Data Collection Manual

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TENNESSEE CONTROLLED SUBSTANCE DATA COLLECTION MANUAL

In accordance with Tennessee Annotated Code §53-10-301, et seq., the Tennessee Department of Health has established a program to monitor the prescribing and dispensing of Schedules II, III, IV & V controlled substances. Beginning 1/1/2016 Tennessee Code Annotated, Section 53-10-305(b)(2), states the information required to be submitted to the database shall be submitted "each business day but no later than the close of business on the following business day; provided, that a veterinarian shall submit information at least once every fourteen (14) days."

SUBMITTING THE DATA

Dispensers will report the required dispensing information as defined in Tenn. Code Ann. §53-10-305 and by Rule to Appriss Health, Inc. (Appriss), a private contractor, working on behalf of Tennessee will collect all required data and manage the technical aspects of the program.

Toll-free number for Appriss: 866-683-9771

Email for technical assistance: tnrxreport@appriss.com

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The Tennessee Board of Pharmacy is a health regulatory agency and Appriss is acting as an agent of Tennessee Board of Pharmacy in the collection of this information.

Attention: Current format is ASAP 2009 v4.1 but Public Chapter 1039 requires the reporting of certain data elements not found in this format. To become compliant dispensers will need to submit information in **ASAP 4.2A (June 2017 version) by January 1, 2019**. If dispenser cannot become compliant by January 1, 2019 please contact the CSMD at CSMD.Admin@tn.gov or 615-253-1305 to discuss the dispenser's situation.

REPORTING PROCEDURES and FILE TYPES

All controlled substances contained in Schedules II, III, and IV which are dispensed and all Schedule V controlled substances identified by the Controlled Substance Monitoring Database (CSMD) Committee as demonstrating a potential for abuse must be reported. Tenn. Code Ann. §53-10-305. On July 10, 2108 the CSMD Committee voted to collect all Schedule V controlled substances prescribed and dispensed.

All dispensers licensed by the State of Tennessee that dispense Schedules II-V controlled substances are required to submit the information by one of the following data submission options.

Website Upload/Prescription File Uploads

The user must use the login credentials provided to sign into the user account at the following website: www.tnrxreport.com. You may also register for account access at this website.

This secure website address is provided for uploading data to Appriss, which utilizes 256-bit

encryption. Dispensers are able to access the secure website via a web browser.

Please inform your software vendor that you will need to be able to upload your data in the ASAP 4.2A format (June 2017 version) as a .DAT or .TXT file.

Your file will need to be named according to the following rules: your DEA number, the date submitted, followed by .DAT or .TXT

Therefore, if your DEA number is AB1234567 and you are submitting on April 1, 2013, the file name would look like this: **AB1234567040113.dat**.

Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Appriss and will assist with locating this information in a timely and efficient manner, should this be necessary.

Uploading your file

Create a file using your pharmacy software and save it to your computer's hard drive.

Login to www.tnrxreport.com with username and password.

Go to the **Data Collection menu** > Choose **File Upload from the dropdown menu**.

Click Browse to locate your file.

Highlight the File, then **Click Open** (the file will populate in the File Name field.)

Click Upload to send the file to Appriss.

You will receive confirmation via the web page that your file was successfully submitted and will be processed by the batch processor within 24 hours.

Once the batch processor has processed the file you will be notified via the message center and email. You must provide a valid e-mail address

You may view all uploaded files, and their status, on the "View Uploaded files" tab on the File Upload page. This page will show a history of all files submitted to the program, their status, and any errors contained within the file. Corrections may also be made via the View Uploaded Files tab. (See the section "Errors and Corrections".)

SFTPs Transfer - Dispenser – SFTPs account

Chain Pharmacies and Community Pharmacies with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies and community pharmacies with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the SFTP procedure.

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should register at www.tnrxreport.com, as an SFTP Up-Loader, to obtain a user ID and password. The host name for transfer is www.tnrxreport.com. Appriss only supports SFTPs and SFTP transmissions. Login credentials will be emailed to the email address listed in the registration within 24-48 business hours.

(Beginning January 1, 2019, Zero Reports via SFTP can ONLY be submitted in the ASAP 4.2A (June 2017 version). If you are unable to comply with this requirement by January 1, 2019 you must contact the CSMD at CSMD.Admin@tn.gov or 615-253-1305 for guidance. [Please see Addendum 4 titled zero reports for additional information.](#))

Zero Reports

If a dispenser does not dispense any Schedule II-V prescriptions during a daily reporting period, a “zero” report shall be submitted. This may be done via the prescription upload website: www.tnrxreport.com under the Data Collection menu.

To Access the Zero Reporting screen in the data collection portal:

Login to www.tnrxreport.com with your username and password.

Go to the **Data Collection menu**.

Click on the option **Upload Pharmacy Zero Report**.

Select the reporting period for zero report submission.

Click **Submit**.

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted. *Beginning January 1, 2019, zero reports can only be submitted via a web account specific to the dispensers DEA # or via SFTP in r in ASAP v4.2A (June 2017 version).*

Zero reports via SFTPs transmission in ASAP 4.2A (June 2017 version) format:

The Zero Report standard is a complete transaction and includes all fields required by the CSMD program according to the states requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; and DSP05. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date report is sent.

ALTERNATIVE REPORTING METHODS

If the dispenser does not have an automated recordkeeping system or can show that electronic reporting by any of the above means creates an undue hardship, a waiver may be granted by the Committee that would allow the dispenser to submit in one of the following alternative formats. The application for the waiver must be completed and submitted to the CSMD Administrator. Please begin reporting in one of the alternate approved methods. Waiver is subject to approval by the Controlled Substance Monitoring Database Committee. (See Addendum 2)

Manual Entry

If reporting using this manual entry method the form in the application will be updated to the ASAP 4.2A (June 2017 version) prior to January 1, 2019.

A sample of the information required to fill out this form is attached (Addendum 2).

To Access the UCF Manual Entry screen in the data collection portal:

Login to www.tnrxreport.com with your username and password

Hover over the **Data Collection Menu**

Click on **Manual Entry**

As explained in the '**WHAT DATA IS MANDATORY, WHAT IS OPTIONAL**' section, the dispenser must have at least the mandatory data available to enter manual prescriptions. To enter another prescription, please repeat steps two and three. Failure to do so will create flawed/incorrect prescription records.

The second alternative form utilizes the Manual Submission Claim Form (Addendum 2) which will be faxed to Appriss after the dispenser has been granted a waiver by the Committee. The fax number for this method of reporting is (866) 282-7076. No reporting should be done via fax without the express permission of the Committee.

ONLINE DATA REPORTING WEB SERVICE

Online Data Reporting Web Service

A secured web service (<https://www.webservices.tnrxreport.com/datareporting.asmx>) is used to transmit controlled substance prescription information via the secured web service requires an internet connection with 128-bit encryption Secure Socket Layer (SSL).

The web service provides the following method to submit the prescription data.

Method Name	Description
SubmitTransaction	The web method validates processes and uploads the submitted prescription data. In case of any error, it will return the error message.

Request:

Field Name	Type	Description
Username	Text	Authorized user name
ASAPBlock	Text	Complete ASAP V4.2A (June 2017 version) Transaction beginning 1/1/2019
Password	Text	Password

Response:

Field Name	Type	Description
TransactionID	Number	Unique Identifier for the transaction
TransactionStatus	Number	Processed(1) / Rejected (0)
FatalError	Boolean	Yes (1) / No (0)
ErrorMessage	Text	Message describing the error

Web Service Definition Language (WSDL)

The following Web Service description is used for reporting prescriptions in real-time to Tennessee's CSMD.

Web Service Description

```
<?xml version="1.0" encoding="UTF-8"?>
<wsdl:definitions xmlns:wsdl="http://schemas.xmlsoap.org/wsdl/"
targetNamespace="https://www.tnrxreport.com/webservices/"
xmlns:soapenc="http://schemas.xmlsoap.org/soap/encoding/"
xmlns:http="http://schemas.xmlsoap.org/wsdl/http/"
xmlns:tm="http://microsoft.com/wsdl/mime/textMatching/"
xmlns:soap="http://schemas.xmlsoap.org/wsdl/soap/" xmlns:tns="https://www.tnrxreport.com/webservices/"
```

```

xmlns:mime="http://schemas.xmlsoap.org/wsdl/mime/"
xmlns:soap12="http://schemas.xmlsoap.org/wsdl/soap12/" xmlns:s="http://www.w3.org/2001/XMLSchema">
<wsdl:types>
  <s:schema targetNamespace="https://www.tnrxreport.com/webservices/" elementFormDefault="qualified">
    <s:element name="SubmitTransaction">
      <s:complexType>
        <s:sequence>
          <s:element name="PMPT" type="tns:PMPTransaction" maxOccurs="1" minOccurs="0"/>
        </s:sequence>
      </s:complexType>
    </s:element>
    <s:complexType name="PMPTransaction">
      <s:sequence>
        <s:element name="Username" type="s:string" maxOccurs="1" minOccurs="0"/>
        <s:element name="ASAPBlock" type="s:string" maxOccurs="1" minOccurs="0"/>
        <s:element name="Password" type="s:string" maxOccurs="1" minOccurs="0"/>
      </s:sequence>
    </s:complexType>
    <s:element name="SubmitTransactionResponse">
      <s:complexType>
        <s:sequence>
          <s:element name="SubmitTransactionResult" type="tns:PMPTransactionResult" maxOccurs="1"
minOccurs="0"/>
        </s:sequence>
      </s:complexType>
    </s:element>
    <s:complexType name="PMPTransactionResult">
      <s:sequence>
        <s:element name="TransactionID" type="s:string" maxOccurs="1" minOccurs="0"/>
        <s:element name="TransactionStatus" type="s:string" maxOccurs="1" minOccurs="0"/>
        <s:element name="FatalError" type="s:string" maxOccurs="1" minOccurs="0"/>
        <s:element name="ErrorMessage" type="s:string" maxOccurs="1" minOccurs="0"/>
      </s:sequence>
    </s:complexType>
  </s:schema>
</wsdl:types>

```

```

<s:element name="PMPWSSoapHeader" type="tns:PMPWSSoapHeader"/>
<s:complexType name="PMPWSSoapHeader">
  <s:sequence>
    <s:element name="Version" type="s:string" maxOccurs="1" minOccurs="0"/>
    <s:element name="State" type="s:string" maxOccurs="1" minOccurs="0"/>
  </s:sequence>
  <s:anyAttribute/>
</s:complexType>
</s:schema>
</wsdl:types>
<wsdl:message name="SubmitTransactionSoapIn">
  <wsdl:part name="parameters" element="tns:SubmitTransaction"/>
</wsdl:message>
<wsdl:message name="SubmitTransactionSoapOut">
  <wsdl:part name="parameters" element="tns:SubmitTransactionResponse"/>
</wsdl:message>
<wsdl:message name="SubmitTransactionPMPWSSoapHeader">
  <wsdl:part name="PMPWSSoapHeader" element="tns:PMPWSSoapHeader"/>
</wsdl:message>
<wsdl:portType name="PMPWSSoap">
  <wsdl:operation name="SubmitTransaction">
    <wsdl:input message="tns:SubmitTransactionSoapIn"/>
    <wsdl:output message="tns:SubmitTransactionSoapOut"/>
  </wsdl:operation>
</wsdl:portType>
<wsdl:binding name="PMPWSSoap" type="tns:PMPWSSoap">
  <soap:binding transport="http://schemas.xmlsoap.org/soap/http"/>
  <wsdl:operation name="SubmitTransaction">
    <soap:operation style="document"
soapAction="https://www.tnrxreport.com/webservices/SubmitTransaction"/>
    <wsdl:input>
      <soap:body use="literal"/>
    </wsdl:input>
  </wsdl:operation>
</wsdl:binding>

```

```

<wsdl:output>
  <soap:body use="literal"/>
  <soap:header message="tns:SubmitTransactionPMPWSSoapHeader" use="literal"
part="PMPWSSoapHeader"/>
</wsdl:output>
</wsdl:operation>
</wsdl:binding>
<wsdl:binding name="PMPWSSoap12" type="tns:PMPWSSoap">
  <soap12:binding transport="http://schemas.xmlsoap.org/soap/http"/>
  <wsdl:operation name="SubmitTransaction">
    <soap12:operation style="document"
soapAction="https://www.tnrxreport.com/webservices/SubmitTransaction"/>
    <wsdl:input>
      <soap12:body use="literal"/>
    </wsdl:input>
    <wsdl:output>
      <soap12:body use="literal"/>
      <soap12:header message="tns:SubmitTransactionPMPWSSoapHeader" use="literal"
part="PMPWSSoapHeader"/>
    </wsdl:output>
  </wsdl:operation>
</wsdl:binding>
<wsdl:service name="PMPWS">
  <wsdl:port name="PMPWSSoap" binding="tns:PMPWSSoap">
    <soap:address location="https://www.webservices.tnrxreport.com/datareporting.asmx"/>
  </wsdl:port>
  <wsdl:port name="PMPWSSoap12" binding="tns:PMPWSSoap12">
    <soap12:address location="https://www.webservices.tnrxreport.com/datareporting.asmx"/>
  </wsdl:port>
</wsdl:service>
</wsdl:definitions>

```

Sample Request:

POST /DataReporting.asmx HTTP/1.1 Host: www.webservices.tnrxreport.com Content-Type: text/xml; charset=utf-8 Content-Length: length

```

SOAPAction: "https://www.tnrxreport.com/webservices/SubmitTransaction"
<?xml version="1.0" encoding="utf-8"?>
<soap:Envelope xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:soap="http://schemas.xmlsoap.org/soap/envelope/">
<soap:Body>
<SubmitTransaction xmlns="https://www.tnrxreport.com/webservices/">
<PMPT>
<Username>myusername</Username>
<ASAPBlock> TH*4.2A*857463*01**20130115*1410*P***~ IS*7564*Pharmacy
Name*this is a sample upload~
PHA***PharmacyDEANumber*PharmacyName*Address1*Address2*City*State*Zip*PhoneN
umber*ContactName*StoreNumber~
PAT***IDofPatient*****LastName*FirstName*****Address1*Address2*City*State*Zip*Phone
Number*DOB*GenderCode*SpeciesCode*~
DSP*ReportingStatus*RxNumber*DateWritten*RefillsAuthorized*DateFilled*RefillNumber*P
roductIDQualifier*ProductID*QtyDispensed*DaysSupply*****~
PRE**PractitionerDEANumber***LastName*FirstName**~ TP*6~
TT*857463*8~
</ASAPBlock>
<Password>mypassw0rd</Password>
</PMPT>
</SubmitTransaction>
</soap:Body>
</soap:Envelope>

```

Sample Response

HTTP/1.1 200 OK

Content-Type: text/xml; charset=utf-8 Content-Length: length

```

<?xml version="1.0" encoding="utf-8"?>
<soap:Envelope xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:soap="http://schemas.xmlsoap.org/soap/envelope/">
<soap:Body>

```

```

<SubmitTransactionResponse xmlns="https://www.tnrxreport.com/webservices/">
<SubmitTransactionResult>
<TransactionID>99999999</TransactionID>
<TransactionStatus>1</TransactionStatus>
<FatalError>0</FatalError>
<ErrorMessage></ErrorMessage>
</SubmitTransactionResult>
</SubmitTransactionResponse>
</soap:Body>
</soap:Envelope>

```

Sample Response (PMP Fatal Error Return)

HTTP/1.1 200 OK

Content-Type: text/xml; charset=utf-8 Content-Length: length

```

<?xml version="1.0" encoding="utf-8"?>
<soap:Envelope xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:soap="http://schemas.xmlsoap.org/soap/envelope/">
<soap:Body>
<SubmitTransactionResponse xmlns="https://www.tnrxreport.com/webservices/">
<SubmitTransactionResult>
<TransactionID>0</TransactionID>
<TransactionStatus>1</TransactionStatus>
<FatalError>1</FatalError>
<ErrorMessage>The processing failed due to the invalid ASAP version. Please try
again.</ErrorMessage>
</SubmitTransactionResult>
</SubmitTransactionResponse>
</soap:Body>
</soap:Envelope>

```

Transaction Response

The TNCSMD data collection web service will acknowledge the transaction with TransactionID, TransactionStatus and Success or Failure notification.

TransactionID – Unique Transaction Identifier

<TransactionID>99999999</TransactionID>

TransactionStatus – Status of the transaction – Processed or Rejected

<TransactionStatus>1</TransactionStatus>

Success

<FatalError>0</FatalError>

<ErrorMessage></ErrorMessage>

Failure

<FatalError>1</FatalError>

<ErrorMessage>The processing failed due to the invalid ASAP version. Please try again.</ErrorMessage>

ERRORS and CORRECTIONS

Error Correction

Pharmacies will be notified of errors contained in prescription drug reports via a daily error report sent to the e-mail address on record.

The error report file name will be in the following format:

<DEANumber or Username>_ErrorReport_<MMddyyyy>.csv [e.g.
BC6459398_ErrorReport_04022013.csv]

The sample error report will look like the following:

PRE03,DEA Number Suffix,Error,'General Surgery', value exceeds the length allowed; The allowed length for the field is 7;	DSP 00 1494185 20130110 0 20130110 0 01 00406324301 30.0000 7 01 01 02 3 20130110 ; PHA 1740295765 4435536 BW7777777 WALGREENS STORE Address1 Address2 Columbus OH 373034907 4237457749 05790; PRE 1982684361 AC2222222 General Surgery Cox Charles ; AIR ;
:Duplicate Prescription ;	DSP 00 7355 20130103 0 20130103 0 01 10702002510 45.0000 30 01 1 ; PHA MS8888888 General Pharmacy Pharmacy Address Columbus OH 99999 6153253394 LastName, FirstName ; PRE MS9999999 ; AIR OH OH ;
more than one patients found for previously submitted prescription(s) or refill(s)	DSP 00 0111442 20121017 1 20130111 3 01 00591038501 60.0000 30 01 4
Patient details does not match with previously submitted prescription(s) or refill(s)	DSP 00 18152 20121228 0 20121228 0 01 00527144510 60.0000 30 01 99

TN CSMD data collection offers following methods to correct the error

Re-transmit with corrected data using ASAP format instructions

Log into TN data collection and manually correct them

Rejections

The CSMD application will validate each file submitted, record by record, and will reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected. The user will be notified via email & the message center of the status of the file, and the errors contained within.

If the records in a file do not meet the required data specifications, the entire file may be rejected. **In this instance, the submitter will be notified via email and/or the 'Message Center' of the reason for this failure.** (A valid email address is required for email notification.)

Appriss is not authorized to modify any data; therefore, the dispenser will be required to correct these errors through the website or resubmit the entire file, if necessary.

Viewing your Errors and File Upload Status:

The Data Collection Portal allows all users to login and view the status of their Uploaded Files. A history of all files submitted to the program can be viewed on the View Uploaded Files tab under the Data Collection Menu. This page will also show the user any errors associated with a particular file, and will allow the user to make corrections to these errors through the website. Please follow the details below to view your uploaded files and any errors associated with those files.

View File Upload Errors

Login to www.tnrxreport.com with your username and password.

Go to the **Data Collection Menu** > Click on File Upload.

Click on the **View Uploaded Files** tab. This will display a history of all files submitted.

Click on the **File** containing errors that you wish to correct.

Click on each individual error to see a detailed description at the bottom of the page.

PRESCRIPTION CORRECTIONS

There are two options to correct the data as detailed below.

Correct the data in your retail RX software; regenerate the file and upload the data.

Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. **The duplicate records require no action on the part of the pharmacy or dispenser.**

You may also choose to correct only those records that were rejected and create a separate file to submit.

Correct the data online via the Data Collection Portal. This type of correction is manually performed and makes sense when there are minimal errors.

Login to www.tnrxreport.com with your username and password.

Go to the **Data Collection Menu** > Click on **File Upload**.

Click on the **View Uploaded Files tab**. This will display a history of all files submitted.

Click on the File containing errors that you wish to correct

To the right of each error, click on the **paper/pencil icon**. You will then be shown a Prescription correction screen.

Correct the fields indicated, click the authorization checkbox, and then Click Save.

You will receive an online confirmation that your file was successfully saved.

Prescription Maintenance

For security purposes, data cannot be deleted by Appriss once it is submitted to the program. To remedy any issues with prescription data submitted to TN Data Collection, go to the Prescription Maintenance page under the Data Management menu. Search for the RX by prescription number, Prescriber DEA, Date filled or any combination of these criteria. You can then update the information by clicking on the prescription in question, correcting the information, checking the authorization check box, and clicking "save." To delete the prescription, click on the prescription in question, check the authorization checkbox, and click "delete."

Test Run Upload Feature

This feature is provided to assist the user with identifying errors within a file, prior to submitting the information to Appriss for reporting purposes. It is located under the Data Collection menu within the Data Collection website. The feature can be used for any type of file that it is submitted directly through the www.tnrxreport.com website.

The process is similar to submitting your completed file, but will allow the user to see any errors, and correct those errors prior to your submission to the State reporting agency.

If you have attempted to submit your file, and are receiving rejection notices or extensive errors, please utilize this function. This function may also assist your software vendor with helping to identify any corrections that may be needed related to software or the format of your file.

EXEMPTIONS FROM REPORTING

Exemptions

Complimentary packages of drugs that are labeled as a drug sample or complimentary drug dispensed to the practitioner's own patients adequate to treat the patient for a maximum of forty-eight (48) hours. Drugs dispensed outside the regular course of practice or with the payment of a fee or remuneration of any kind do not fall within this exception.

A sample of a schedule IV or schedule V controlled substance in a quantity limited to an amount that is adequate to treat a patient for a maximum of seventy-two (72) hours or a sample of a non-narcotic schedule V controlled substance in a quantity limited to an amount that is adequate to treat a patient for a maximum of fourteen (14) days, provided without charge by a medical doctor, osteopathic physician, advanced practice nurse with certificates of fitness to prescribe, or physician assistant working at a pain management clinic from providing to that practitioner's patient.

Any drug dispensed by a licensed health care facility; provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours.

A drug administered directly to a patient

Dispensing within an appropriately licensed narcotic maintenance treatment program by the United States Drug Enforcement Administration.

A drug dispensed by a licensed veterinarian if the quantity dispensed is limited to an amount adequate to treat an animal for a maximum of five (5) days.

If you wish to submit a request for exemption from reporting please fill out the attached exemption/waiver request form and mail to:

Department of Health Related Boards Tennessee Board of Pharmacy Controlled Substance Database

665 Mainstream Drive
Nashville, TN 37243

Or submit by FAX to (615) 253-8782

The exemption request must be approved by the Controlled Substance Monitoring Database Committee before it is effective.

WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Controlled Substance Schedules II, III, IV and V - Summary of ASAP 2009 v4.A 2 (June 2017 version) Data Elements Note: ASAP Version 4• Release 2A (June 2017 version)

Visit www.asapnet.com to purchase a complete implementation guide for all ASAP standards in the online bookstore.

Ref. Code	Data Element Name	Format	Attributes*
HEADER SEGMENTS			
TH– TRANSACTION HEADER – REQUIRED			Required Data
TH01	Version/Release Number	4.2A (June 2017 version)	Yes
TH02	Transaction Control Number	Recommendation: Use a Globally Unique Identifier (GUID) or Other Nonrepeating Alphanumeric Combination to Populate this Field	Yes
TH03	Transaction Type	Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgment (Used in Response only.) 03 Error Receiving (Used in Response only.) 04 Void (Used to void a specific Rx in a real-time transmission, or an entire batch file that has been transmitted. When 04 is used the appropriate transaction control number in TH02 for the specific prescription or batch file must be included. When 04 is used only the TH Header Segment and the Transaction Trailer Segment are used.)	Situational
TH04	Response ID	Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	Situational
TH05	Creation Date	Date the Transaction was Created Format: CCYYMMDD	Yes
TH06	Creation Time	Time the Transaction was Created Format: HHMMSS or HHMM	Yes
TH07	File Type	P = Production T = Test	Yes
TH09	Segment Terminator Character	Examples: / or ~	Yes
IS– INFORMATION SOURCE – REQUIRED			
IS01	Unique Information Source ID	Example: Phone Number. However, if a Phone Number is Used to Populate this Field, Do Not Include Hyphens.	Yes
IS02	Information Source Entity Name	Entity Name of the Information Source (Pharmacy)	Yes
IS03	Message	Freeform text message. Use of this field is defined by the PDMP. Many PDMPs may designate this field to hold the submission period date range of the file	Optional

		transmitted. When used to indicate the date range, it must be the first data text in the field and must be inserted with using the following layout (where "#" and "-" are those literal characters): #CCYYMMDD#-#CCYYMMDD# For example, a pharmacy may be submitting records for the reporting period of March 1, 2012 through March 7, 2012 but only filled reportable prescriptions on March 3, and March 5. The full submission period date range would be reported in IS03 as #20120301#-#20120307# It is up to the PDMP to further define how to enter the submission date range for exceptional cases, such as for late submission records. Note: IS03 can also be used to show the date range for Zero Reports.	
PHA– PHARMACY HEADER– REQUIRED			
PHA01	National Provider Identifier (NPI)	Identifier assigned to the pharmacy by CMS. Used if required by the PDMP	Optional
PHA02	NCPDP/NABP Provider ID	Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. Used if required by the PDMP.	Optional
PHA03	DEA Number	Identifier assigned to the Pharmacy by the Drug Enforcement Administration	Yes
PHA04	Pharmacy or Dispensing Prescriber Name	Freeform name of the pharmacy. Note: If a dispensing prescriber, the prescriber's name and professional degree should be entered, such as John Doe MD.	Optional
PHA05	Address Information – 1	Freeform text for address information	Optional
PHA06	Address Information – 2	Freeform text for additional address information	Optional
PHA07	City Address	Freeform text for city name	Optional
PHA08	State Address	U.S. Postal Service State Code	Optional
PHA09	ZIP Code Address	U.S. Postal Service ZIP Code. Use if available	Optional
PHA10	Phone Number	Complete phone number including area code. No parenthesis or hyphens	Optional
PHA11	Contact Name	Freeform name	Optional
PHA12	Chain Site ID	Store number assigned by the chain to the pharmacy location. Used when PDMP needs to identify the specific pharmacy from which information is required.	Optional
PHA13	Pharmacy's Permit Number/License Number	Used to help identify the sending pharmacy	Optional
DETAIL SEGMENTS			
PAT– PATIENT INFORMATION – REQUIRED			
PAT01	ID Qualifier of Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT03. Used if the PDMP requires such identification. See Appendix A for list of jurisdictions	Situational
PAT02	ID Qualifier	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required.	Situational

		01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID, such as cardholder ID.)	
PAT03	ID of Patient	Identification number for the patient as indicated in PAT02. An example would be the driver's license number	Situational
PAT04	ID Qualifier of Additional Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT06. Used if the PDMP requires such identification. See Appendix A for list for jurisdictions.	Situational
PAT05	Additional Patient ID Qualifier	Code to identify the type of ID in PAT06 if the PDMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID, such as cardholder ID.)	Situational
PAT06	Additional ID	Identification that might be required by the PDMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	Situational
PAT07	Last Name	Patient's Last Name	Yes
PAT08	First Name	Patient's First Name	Yes
PAT09	Middle Name	Patient's middle name or initial if available. Used if available in pharmacy system and required by the PDMP	Optional
PAT10	Name Prefix	Patient's name prefix such as Mr. or Dr. Used if available in pharmacy system and required by the PDMP.	Optional
PAT11	Name Suffix	Patient's name suffix such as Jr. or the III. Used if available in pharmacy system and if required by the PDMP	Optional
PAT12	Address Information – 1	Freeform Text for Address Information	Yes
PAT13	Address Information – 2	Freeform Text for Address Information	Situational
PAT14	City Address	Freeform text for city name	Yes

PAT15	State Address	U.S. Postal Service state code if required by the PDMP. Note: Field has been sized to handle international patients not residing in the U.S.	Yes
PAT16	ZIP Code Address	Populate With Zeros if Patient Address is Outside the U.S.	Yes
PAT17	Phone Number	Complete phone number including area code when a state PDMP requires and is available in the pharmacy system. Note: Do not include hyphens in the number	Optional
PAT18	Date of Birth	Format: CCYYMMDD	Yes
PAT19	Gender Code	F = Female M = Male U = Unknown	Yes
PAT20	Species Code	Used if required by the PDMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient	Optional
PAT21	Patient Location Code	Code indicating where patient is located when receiving pharmacy services if required by the PDMP. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute-Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other	Optional
PAT22	Country of Non-U.S. Resident	Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank. This is a freeform text field. ASAP does not provide a list of countries for this field. PDMPs may permit some of the other address fields to not be used if this field is populated.	Situational
PAT23	Name of Animal	Used if required by the PDMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of preparing the prescription.	Situational
DSP - DISPENSING RECORD - REQUIRED			
DSP01	Reporting Status	00 = New Record 01 = Revise 02 = Void	Yes
DSP02	Prescription Number	Serial number assigned to the prescription by the	Yes

		pharmacy	
DSP03	Date Written	Date the prescription was written (authorized). Format: CCYYMMDD	Yes
DSP04	Refills Authorized	Number of Refills Authorized by the Prescriber	Yes
DSP05	Date Filled	Date prescription was prepared Format: CCYYMMDD	Yes
DSP06	Refill Number	0 = Indicates Original Dispensing; 01-99 is the refill number	Yes
DSP07	Product ID Qualifier	01 = National Drug Code 02 = UPC 03 = HRI 04 = UPN 05 = DIN 06 = Compound (Used to Indicate it is a Compound. The CDI Segment the Becomes a Required Segment.)	Yes
DSP08	Product ID	Full Product Identification as Indicated in DSP07, Including Leading Zeros without Punctuation. If the product is a Compound, Use 9999999999 as the Product ID The CDI then becomes a required segment.	Yes
DSP09	Quantity Dispensed	Number of Metric Units Dispensed in Metric Decimal Format Example: 2.5. Note: For compounds show the first quantity in CDI04	Yes
DSP10	Days' Supply	The calculated or estimated number of days the medication will cover (must be a whole number)	Yes
DSP11	Drug Dosage Units Code	Identifies the unit of measure for the quantity dispensed in DSP09, if required by the PDMP. See Appendix B for specific instructions. 01 Each (used to report solid dosage units or indivisible package) 02 Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams adjust to the decimal gram equivalent)	Optional
DSP12	Transmission Form of Rx Origin Code	Code indicating how the pharmacy received the prescription, if required by the PDMP 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 06 Transferred/Forwarded Rx 99 Other	Optional
DSP13	Partial Fill Indicator	This field is used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often	Situational (as described in

		referred to as a split filling. 00 Not a Partial Fill 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	Public Chapter 1039)
DSP14	Pharmacist National Provider Identifier (NPI)	Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	Optional
DSP15	Pharmacist State License Number	Assigned to the pharmacist by the State Licensing Board. This data element can be used to identify the pharmacist dispensing the medication	Optional
DSP16	Classification Code for Payment Type	Code Identifying the Type of Payment, i.e. how it was paid for 01 = Private Pay (Cash/Charge/Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Insurance and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	Yes
DSP17	Date Sold	This field is used to determine the date the prescription was dispensed (left the pharmacy), not the date it was prepared. This date could be captured from the point-of-sale (POS) system, if the pharmacy has a POS system, and there is a bidirectional flow with the pharmacy management system in order to capture and report this date. Or it could be captured and reported from a will-call management system, integrated with the pharmacy management system.	Optional
DSP18	RxNorm Product Qualifier	01 = Semantic Clinical Drug (SCD) 02 = Semantic Branded Drug (SBD) 03 = Generic Package (GPCK) 04 = Branded Package (BPCK) RxNorm code that is populated in the DRU-010-09 field in the SCRIPT transaction. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard. These fields should not be required until such time.	Optional
DSP19	RxNorm Code	Used for electronic prescriptions to capture the prescribed drug product identification, if required by the PDMP.	Optional
DSP20	Electronic Prescription Reference Number	This field should be populated with the Initiator Reference Number from field UIB-030-01 in the	Optional

		SCRIPT transaction	
DSP21	Electronic Prescription Order Number	This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard. Note: DSP20 and DSP21 should be reported as a pair to the PDMP and the PDMP will decide which one, if not both, it decides to capture. By requiring the reporting of both, this avoids specification variations that would require custom programming to accommodate a PDMP. Also, the information reported by the pharmacy management system will depend on the information received at the pharmacy with an electronic prescription.	Optional
DSP22	Quantity Prescribed	This field has been added in order to add clarity to the value reported in DSP13 Partial Fill Indicator	Situational (as described in Public Chapter 1039)
DSP23	Rx Sig	This field would capture the actual directions printed on the prescription vial label. If the directions exceed 200 characters, truncation would be allowed.	Optional
DSP24	Treatment Type	<p>This field can be used to indicate treatment type associated if indicated on the prescription</p> <p>01 = Not Used for Opioid Dependency Treatment</p> <p>02 = Used for Opioid Dependency Treatment</p> <p>03 = Pain Associated with Active and Aftercare Cancer Treatment</p> <p>04 = Palliative Care in Conjunction with a Serious Illness</p> <p>05 = End-of-Life and Hospice Care</p> <p>06 = A Pregnant Individual with a Pre-existing Prescription for Opioids</p> <p>07 = Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain</p> <p>08 = Individuals Pursuing an Active Taper of Opioid Medications</p> <p>09 = Patient is Participating in a Pain Management Contract</p> <p>99 = Other (TN has agreed this variable will be used to report "Medical Necessity" was indicated on the prescription)</p> <p>*Note: These new codes can only be reported if provided by the prescriber with the prescription.</p>	Situational (as described in Public Chapter 1039)
DSP25	Diagnosis Code	This field is used to report the ICD-10 code. If	Situational

		required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription (No hyphens or dashes)	(as described in Public Chapter 1039)
PRE - PRESCRIBER INFORMATION – REQUIRED			
PRE01	National Provider Identifier	Identifier assigned to the prescriber by CMS.	Optional
PRE02	DEA Number	Identifying Number Assigned to a Prescriber by an Institution by the Drug Enforcement Administration (DEA)	Yes
PRE03	DEA Number Suffix	Identifying Number Assigned to a Prescriber by an Institution When the Institution's DEA Number is Used	Situational
PRE04	Prescriber State License Number	Identification assigned to the Prescriber by the State Licensing Board.	Optional
PRE05	Last Name	Prescriber's last name.	Optional
PRE06	First Name	Prescriber's first name.	Optional
PRE07	Middle Name	Prescriber's middle name or initial.	Optional
PRE08	Phone Number	The prescriber's primary phone number	Optional
PRE09	XDEA Number	This field gives a PDMP the option of requiring the XDEA Number (NADEAN) in the PRE Segment when the prescription is for opioid dependency	Optional
CDI - COMPOUND DRUG INGREDIENT DETAIL- SITUATIONAL			
If DSP07 = 06 all CDI segments required			
CDI01	Compound Drug Ingredient Sequence Number	The First Reportable Ingredient is 1. Each Additional Reportable Ingredient is Incremented by 1.	Required for Compound Prescription
CDI02	Product ID Qualifier	01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN	Required for Compound Prescription
CDI03	Product ID	Full Product Identified as Indicated in CDI02, Including Leading Zeros Without Punctuation.	Required for Compound Prescription
CDI04	Compound Ingredient Quantity	Metric Decimal Quantity of the Ingredient Identified in CDI03.	Required for Compound Prescription
CDI05	Compound Drug Dosage Units Code	01 = Each (Used to Report Solid Dosage Units or Indivisible Package) 02 = Milliliters (For Liters Adjust to the Decimal Milliliter Equivalent) 03 = Grams (For Milligrams adjust to the Decimal	Situational for Compound Prescription

		Gram Equivalent)	
AIR– ADDITIONAL INFORMATION REPORTING – SITUATIONAL			
AIR01	State Issuing Rx Serial Number	U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used	Not Applicable
AIR02	State Issued Rx Serial Number	Number assigned to state issued serialized prescription blank. Required if state issues serialized prescription pads for prescribers to use.	Not Applicable
AIR03	ID Issuing Jurisdiction	Code identifying the jurisdiction that issues the ID contained in AIR05.	Situational
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	Code indicating the type of ID in AIR05 if required by the PDMP. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID)	Situational
AIR05	ID of Person Dropping Off or Picking Up Rx	ID number of the person dropping off or picking up the prescription, if required by the PDMP. Note: Because historically there has been a noticeable amount of extraneous information entered in this field, which has interfered with data analysis, it's important that every effort be made to ensure that only the unadorned customer ID and no additional information be entered into this field.	Situational
AIR06	Relationship of Person Dropping Off or Picking Up Rx	Code indicating the relationship to the person dropping off or picking up Rx, if required by the PDMP. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other	Situational

AIR07	Last Name of Person Dropping Off or Picking Up Rx	Last name of the person dropping off or picking up Rx	Situational
AIR08	First Name of Person Dropping Off or Picking Up Rx	First name of the person dropping off or picking up Rx	Situational
AIR09	Last Name or Initials of Pharmacist	Last name or initials of the pharmacist dispensing the medication	Situational
AIR10	First Name of Pharmacist	First name of the pharmacist dispensing the medication	Situational
AIR11	Dropping Off/Picking Up Identifier Qualifier	<p>Additional qualifier for the ID contained in AIR05.</p> <p>01 Person Dropping Off</p> <p>02 Person Picking Up</p> <p>98 Unknown/Not Applicable (An example of Unknown: Where the pharmacist does not know which person it is. Or there is no ID to collect at drop-off, such as when a prescription is phoned in. An example of Not Applicable: When the prescription is delivered.)</p> <p>Note: Both 01 and 02 cannot be required by a PDMP. Usage of this field depends on whether a PDMP has interest in knowing whether the information supplied in fields AIR04–AIR08 is for the person dropping off or picking up the prescription.</p>	Situational
SUMMARY SEGMENTS			
TP– PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Number of Detail Segments Included for the Pharmacy Including the Pharmacy Header (PHA) Including the Pharmacy Trailer (T6P) Segments	Yes
TT– TRANSACTION TRAILER – REQUIRED			
TT01	Transaction Control Number	Identifying Control Number that Must be Unique. Assigned the Originator of the Transaction. Must Match the Number in TH02.	Yes
TT02	Segment Count	Total Number of Segments Included in the Transaction Including the Header and Trailer Segments	Yes

This page constitutes a summary of the required ASAP information for controlled substance reporting in TN; additional information must be obtained by purchasing an implementation guide at www.asapnet.org.

FREQUENTLY ASKED QUESTIONS

PASSWORDS AND SIGN-IN INFORMATION:

Does my password expire?

For security purposes, passwords will expire every 180 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 180 days.

Please note that your account will require you to update your password upon your initial sign-in. At this time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times, I am sure that it is correct? Why am I not able to access the system?

If you are attempting to submit records of your dispensed controlled substances, please go to the [TN Data Collection Page](https://www.tnrxreport.com/Login.aspx?ReturnUrl=%2fdefault.aspx) (<https://www.tnrxreport.com/Login.aspx?ReturnUrl=%2fdefault.aspx>) and click "Forgot/Reset Password?". Once you provide the answers to the security questions you provided during registration, you will be able to reset your password using this feature.

If you are attempting to view patient information, or prescription history, please verify that you are accessing the [CSMD](https://www.tncsmd.com/Login.aspx?ReturnUrl=%2fdefault.aspx) (<https://www.tncsmd.com/Login.aspx?ReturnUrl=%2fdefault.aspx>) instead of the data collection website.

PRESCRIPTION DATA AND REPORTING REQUIREMENTS

What is the NDC Code?

The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

What drugs should be reported?

All controlled substances contained in Schedules II, III, and IV which are dispensed and all Schedule V controlled substances identified by the Controlled Substance Monitoring Database (CSMD) Committee as demonstrating a potential for abuse must be reported. Tenn. Code Ann. §53-10-305. On July 10, 2108 the CSMD Committee voted to collect all Schedule V controlled substances prescribed and dispensed.

All dispensers licensed by the State of Tennessee that dispense Schedules II-V controlled substances are required to submit the information by one of the following data submission options.

How often should I submit data?

Beginning 1/1/2016 Tennessee Code Annotated, Section 53-10-305(b)(2), states "for each business day but no later than the close of business on the following business day; provided, that a veterinarian shall submit information at least once every fourteen (14) days and shall not be required to use a computerized system in order to submit required information pursuant to this section".

How are compounded prescriptions to be recorded?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. To submit a compound controlled substance, the field DSP07 must indicate this by the value '06' for compound. Subsequently, DSP08 must then be reported as eleven "9's" or 9999999999. By reporting the value in DSP07 as '06', the CDI segment then becomes a mandatory or required segment.

The CDI segment will require that reportable controlled substances be reported in increments of 1 in field CDI01; the NDC code is reported as '01' in CDI02; and the NDC of those reportable ingredients is provided in CDI03. The quantity is provided in metric decimal format in CDI04; and the Drug Dosage Units Code is reported in CDI05.

Why is the system rejecting the input metric quantity?

The metric quantity should be the number of metric units dispensed in metric decimal format. (Ex: 3.5)

What should the dispenser do if they meet one of the conditions to be considered exempt from reporting?

If exempt from reporting, please fill out the request for waiver or exemption (Addendum 3) and follow the instructions listed. This request must be approved by the Controlled Substance Monitoring Database Committee before it becomes effective.

I received a Delinquency Letter; what should I do?-

If you received a Delinquency letter and would like to check the status of your data, please send an email to tnrxreport@appriss.com with the following information (If you are unsure if your data was submitted, resubmit the time period in question. This request will take one day to process. Please provide:

Username

Reporting period(s) in question

DEA Number

If a confirmation is required, you may forward the email response to the CSMD Administrator as confirmation your data was received.

FILE ISSUES AND ERROR CORRECTIONS

What should the filename be?

The filename should be the DEA number, followed by the date of submission, followed by .dat or .txt. Chain pharmacies may use the chain name, followed by the date of submission. The filename is less important than the contents of the file.

SFTP users should be certain to differentiate files by adding to the filename before the **.dat or .txt** extension. This will ensure that the contents of the file are not overwritten. SFTPs submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

What does the file status 'Pending' mean?

Uploaded files will be processed twice during the evening/overnight (5:50 p.m. and 2:15 a.m.) by a batch processor, therefore they will be in 'Pending' status until the day following upload. You will receive notification via the message center and email, if you have supplied a valid email address. You can update this information in the My Accounts section of the website.

I do not work with a software vendor; how should I submit controlled substance data?

If you do not work with a software vendor, you will need submit a waiver form (Addendum 3) and then manually enter controlled substance data. To submit manually, go to Data Collection > Manual Entry -Complete all required fields and click save; no further action is required.

I accidentally sent the incorrect reporting period. Should the file be deleted?

If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

What should I do if my file was rejected?

If your file was rejected, do a Test Run Upload. To do this, go to the Data Collection Menu > Test Run Upload and submit your file. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

How do I know if my file uploaded?

Go to Data Collection > File Upload

Click on the View uploaded files tab

You will be able to view all files submitted

If you are not receiving email notifications, you will need to verify that your email address is listed **correctly**. Go to 'My Account' and enter your email address in the appropriate field, you will also receive file status notifications in the section of your account titled 'messages'.

An email will be sent within 14 hours confirming the file's processing status and any errors contained within that file.

(Please be sure to add the domain: appriss.com to your safe sender's list within your email client. This will ensure that you receive communications from Appriss in a timely manner.)

I accidentally submitted incorrect information. Can I delete a record/entry?

The ASAP 4.2A (June 2017 version) formatting requirements allow for the following functions: 'new, revise or delete'. For those sending electronic files, please refer to DSP01 in the formatting table.

For users that submit manual entries, you are able to update previously submitted information. [Please refer to the Addendum 4.](#)

Even if you submit Files through SFTP you can also make corrections/deletions through the website, please see the [Addendum4](#) of this manual for further information.

Why are there no menus displayed on the web page?

If you are using Internet Explorer version 6.0 or higher, check which version you are currently using. Go to Help > About Internet Explorer. Verify that Compatibility mode is enabled. This can be found in the 'Tools' menu or your internet browser.

How do I fix “duplicate” error messages?

A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. **The duplicate records occurring as a result of duplicate file uploads require no action on the part of the dispenser.**

OTHER QUESTIONS

How do I setup an SFTP account?

SFTP account requests must be made via the registration page on www.tnrxreport.com. You will need to register for the job type 'SFTP Up-Loaders'. You will receive login credentials at the email address indicated in your registration within 24-48 business hours.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

Non-US zip codes or residents should have the value '00000' placed into the zip code category.

ASSISTANCE AND SUPPORT

Appriss is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may be referred to Appriss. Dispensers are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Appriss directly for assistance.

Unresolved disagreements between a dispenser and Appriss will be resolved by the CSMD Committee.

Tennessee Data Collection:

For questions: call (866) 683-9771 or e-mail tnrxreport@appriss.com

Addendum 1: Manual Submission Claim Form (Prescribing Dispensers)**Tennessee Controlled Substance Monitoring Database Manual Submission Claim Form**

Prescribing Dispenser DEA:

Patient Details				
Last Name		First Name		DOB
Street Address		City		State
				Zip Code
Prescriber Details				
Prescriber DEA Number				
Prescription Details				
Prescription#	Date Written	Authorized Refills	Date Filled	Refill Number (01-99)
Product #(NDC)	Full=00 or Partial Fill=01	Quantity Dispensed	Day(s) Supply	Quantity Prescribed if Partial Fill*
Drug Dosage Unit: Each=01, Milliliters=02, Grams=03		Payment Code (see two digit code list**)		Use code to indicate: New=00, Revise=01, Void=02
Treatment Type (see code list ***)		Diagnosis Code (ICD-10)		
Compound Ingredient Details-Only used if dispensing compound medications (Complete separate form with Compound Details) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Patient Details				
Last Name		First Name		DOB
Street Address		City		State
				Zip Code
Prescriber Details				
Prescriber DEA Number				
Prescription Details				
Prescription#	Date Written	Authorized Refills	Date Filled	Refill Number (01-99)
Product #(NDC)	Full=00 or Partial Fill=01	Quantity Dispensed	Day(s) Supply	Quantity Prescribed if Partial Fill*
Drug Dosage Unit: Each=01, Milliliters=02, Grams=03		Payment Code (see two digit code list**)		Use code to indicate: New=00, Revise=01, Void=02
Treatment Type (see code list ***)		Diagnosis Code (ICD-10)		
Compound Ingredient Details-Only used if dispensing compound medications (Complete separate form with Compound Details) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Addendum 2: Dispenser Waiver or Exemption Request



**TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
Controlled Substance Monitoring Database Administrator
665 Mainstream Dr. Nashville, TN 37243
(615) 253-1305 OR FAX (615) 253-8782
DISPENSER EXEMPTION OR WAIVER REQUEST**

Please provide the information requested below. (Print or Type)

Name of Dispenser/Pharmacy:	Dispenser Tennessee Regulatory Board License Number:
DEA Registration Number:	Dispenser or Pharmacist In Charge Email Address:
Street Address:	City:
State: Zip:	Telephone Number: ()
Name of Pharmacist in Charge:	Pharmacist in Charge TN License Number:
Signature:	Date:

“Dispense” means to physically deliver a controlled substance to any person, institution, or entity with the intent that it be consumed away from the premises in which it is dispensed. It does not include the act of writing a prescription by a practitioner to be filled at a pharmacy licensed by the board.

Request for exemption from reporting:

- ☐ This dispenser does not hold a controlled substance registration with the Drug Enforcement Administration (DEA).
- ☐ This dispenser holds a DEA Registration but does not dispense any controlled substances. The dispenser agrees to report as required by law and rule to the Tennessee Controlled Substance Database if any dispensing occurs.
- ☐ This dispenser is exempt from reporting according to T.C.A. 53-10-304(d) (Not required to report by alternate means)
 - ☐ Drug is administered directly to an inpatient
 - ☐ Drug is dispensed by a licensed healthcare facility dispensing an amount to treat for 48 hours maximum
 - ☐ Dispensing drug samples
 - ☐ Dispensing in a narcotic treatment program

Request for waiver of electronic reporting:

- ☐ This dispenser is entitled to a waiver from electronic reporting according to Rule 1140-11-04(4) or T.C.A 53-10-305(d)(1).
- ☐ This dispenser does not have an automated recordkeeping system capable of producing an electronic report of the required data in the format established by the “ASAP Telecommunications Format for Controlled Substances”. (Must report by alternate means)
- ☐ Electronic reporting would cause undue hardship (attach explanation). (Must report by alternate means)

For Department Use Only Date Received	<input type="checkbox"/> Approved	Director or Designee Signature	Date of Notification
	<input type="checkbox"/> Disapproved		

Addendum 3: Correcting/Deleting a Previously Submitted Prescription

Correcting/Deleting a Previously Submitted Prescription:

There are two ways of deleting/correcting a prescription once it has been accepted by the Data Collection Portal:

Create an ASAP 4.2A (June 2017 version) file with the prescriptions marked as either “revise” or “void,” and submit the newly created file to the Data Collection Portal.

Delete/correct the prescription through the “Prescription Maintenance” portion of the Data Collection Portal (only available to pharmacies/dispensers who have a “Pharmacy” account, not available through a “SFTP-Up-Loader” account.*)

*If a pharmacy submits files through an “SFTP-Up-Loader” account, we can create a “Pharmacy” account that is linked to their DEA number, which will allow the pharmacy to use the “Prescription Maintenance” function.

ASAP Correction/Deletion File

A pharmacy can create a new ASAP 4.2A (June 2017 version) (2009) file and mark a previously submitted prescription as either “revise” or “void.” The DSP01 field handles this by using the codes “01” for “revise” and “02” for “void” (this is all part of the ASAP Standard set by the American Society for Automation in Pharmacy.)

This would be a function of the pharmacy software* used by the individual pharmacy. The pharmacy will need to contact their software vendor for instructions on how to build this type of file within their particular software. Once the file has been created the pharmacy would upload the file to Appriss as though they were uploading a normal prescription file.

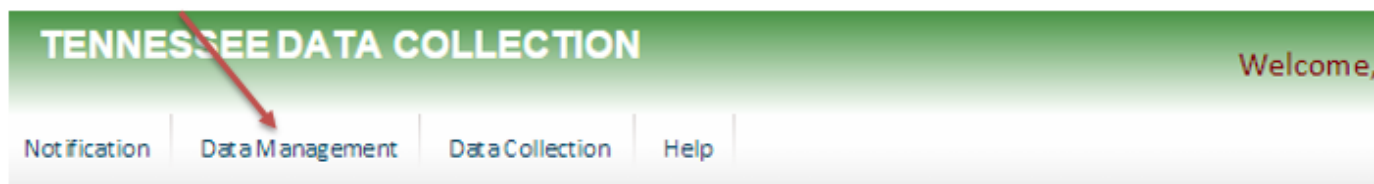
*There is no guarantee that all pharmacy software vendors provide this function as part of their package. It varies by Software Company.

Prescription Correction through the Data Collection Portal

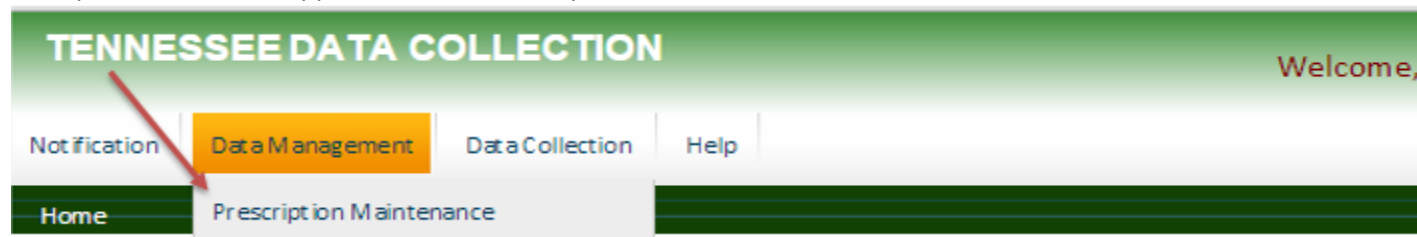
If a pharmacy wishes to correct a previously submitted prescription through the data collection portal, they will need use the following steps:

Log into their “Pharmacy” account (an “SFTP-Up-Loader account does not have this function)

Hover over the “Data Management” tab near the upper left hand corner:



A dropdown menu will appear, click on “Prescription Maintenance”



The pharmacy can enter a variety of search criteria (e.g. patient name or prescription number) in order to find the prescription they wish to correct. Once the pharmacy has entered their search criteria click “search.” If the pharmacy wishes to see all of their submitted prescriptions, they would just click “search” without any additional criteria.

The resulting list can be sorted by Rx Number, Date Filled, Date Written, Patient First Name or Patient Last name in either ascending or descending order.

To see the prescription details, the pharmacy will need to click on the prescription number.

Rx Number	Date Filled	Date Written	Patient First Name	Patient Last Name
 26972	1/12/2013	1/12/2013	Name Removed for Privacy Purposes	

From the “Prescription Details” page the pharmacy can correct any of the required fields. To save the corrected information, the pharmacy will need to click the box next to the statement “I hereby certify that the information I have entered above is accurate and complete” at the bottom of the page. Once the authorization box has been checked, they must click the orange “Save” button.

Once they click the “Save” button, they will receive a message either stating that the prescription has been saved successfully, or if there is invalid information preventing the prescription from being saved.

(Example: If the pharmacy entered an invalid prescriber DEA number, they would receive a message stating “Invalid DEA Number,” they would just need to retype the DEA number, and click “save.”)

Once the prescription has been saved, no further steps are required.

Prescription Deletion through the Data Collection Portal

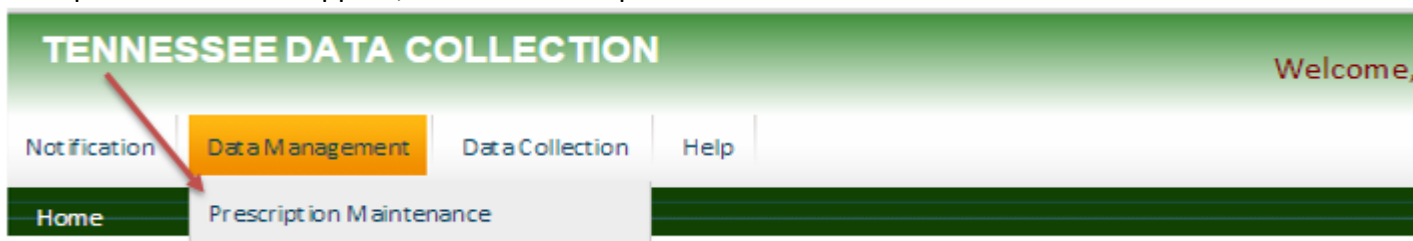
If a pharmacy wishes to correct a previously submitted prescription through the data collection portal, they will need use the following steps:

Log into their “Pharmacy” account (an “SFTP-Up-Loader account does not have this function.)

Hover over the “Data Management” tab near the upper left hand corner.



A dropdown menu will appear, click on “Prescription Maintenance”



The pharmacy’s DEA number will be automatically populated in the “Prescription List.” From here the pharmacy can enter a variety of search criteria (e.g. patient name or prescription number) in order to find the prescription they wish to correct. Once the pharmacy has entered their search criteria click “search.” If the pharmacy wishes to see all of their submitted prescriptions, they would just click “search” without any additional criteria.

 This screenshot shows the 'Prescription List' search form. A blue callout box with white text says 'The Pharmacy's DEA number will be automatically populated on their screen'. The form has two rows of input fields. The first row contains 'Rx Number:', 'Pharmacy DEA Number:', 'Prescriber DEA Number:', 'Date Filled From:', and 'Date Filled To:'. The second row contains 'Pharmacy Name:', 'Patient Last Name:', 'Patient First Name:', and 'Patient Middle Name:'. There are 'Search' and 'Clear' buttons at the bottom right. A red arrow points to the 'Search' button.

The resulting list can be sorted by: Rx Number, Date Filled, Date Written, Patient First Name

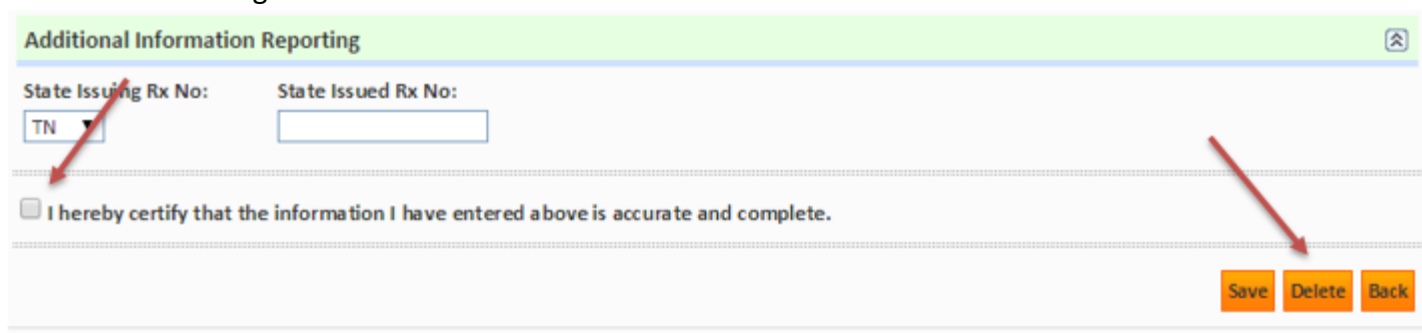
or Patient Last name in either ascending or descending order.

To see the prescription details, the pharmacy will need to click on the prescription number.



Rx Number	Date Filled	Date Written	Patient First Name	Patient Last Name
 26972	1/12/2013	1/12/2013		Name Removed for Privacy Purposes

From the “Prescription Details” page, the pharmacy will need to click the box next to the statement “I hereby certify that the information I have entered above is accurate and complete” at the bottom of the page. Once the authorization box has been checked, they must click the orange “Delete Button.”



Additional Information Reporting

State Issuing Rx No: TN State Issued Rx No:

☐ I hereby certify that the information I have entered above is accurate and complete.

Save Delete Back

Once the prescription has been deleted they will receive a message at the top of the page stating that the prescription has been successfully deleted.

No further steps are required by the pharmacy once the prescription has been deleted.

Addendum 4 Prescription Monitoring Program Zero Reports ASAP v4.2A (Version June 2017 Summary of Required Data Elements)

Ref. Code	Data Element Name	Format	Attributes*
TH TRANSACTION HEADER – (TH01-TH09)			Required Data
TH01	Version/Release Number	4.2A (June 2017 version)	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Segment Terminator Character	Examples: ~ or or ::	Yes
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source	Phone Number	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD#	Yes
PHA DISPENSING PHARMACY – (PHA01-PHA12)			
PHA03	DEA Number		Yes
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT07	Last Name	Zero	Yes
PAT08	First Name	Report	Yes
DSP - DISPENSING DETAIL SEGMENT - REQUIRED			
DSP05	Date Filled	Date submitted: CCYYMMDD	Yes
TP - PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT01	Transaction Control Number	Must match TH02	Yes

Ref. Code	Data Element Name	Format	Attributes*
TT02	Segment Count	Total # of segments, including header and trailer	Yes

Example ASAP 4.2A zero report for Jan 01, 2013 to Jan 15, 2013:

TH*4.2A*1700121700*01**20130116*1700*P**\
IS*Phone Number*Pharmacy Name*#20130101#-#20130115#\ PHA***AB1234567\
PAT*****Report*Zero\ DSP*****20130116*\ PRE**\
TP*5\ TT*1700121700*8\